

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | | | | | |
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| TOTAL CLAIMS | | | | | | | TOTAL CLAIMS | | | | | | |

BEST AVAILABLE COPY

CLAIMS ONLY

SERIAL NO.

09775479

FILING DATE

02/02/01

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL IND. | | | | | | |
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* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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